

## APPRECIATION PIN NOMINATION FORM

Please provide detailed and accurate information and reference **Volunteer Essentials** for all award guidelines and requirements. The information provided may be used in the presentation of the award. Attach additional sheets if necessary.

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### Appreciation Pin Criteria:

The candidate is an active, registered Girl Scout Adult Volunteer and has provided outstanding service to ONE or more geographic or program delivery audience in a way that furthers the Council's goals. The candidate has significantly contributed to meeting ONE or more council goals in membership growth and retention, fund development, or increased community visibility in ONE or more geographic areas. The candidate actively recognizes, understands and practices the values of inclusive behavior.

When completed, forward this nomination form and required Letters of Endorsement directly to the Adult Development Coordinator to begin the review process: ATTN: ADULT AWARDS—Appreciation Pin, GSGMS Gulf Coast Service Center, 1610 25th Ave., Gulfport, MS 39501 or email to [customer care@gsgms.org](mailto:customer care@gsgms.org). Please note: Letters of Endorsement must be from individuals **other than** the nominator.

*The deadline for submissions for the Appreciation Pin is **Feb. 1**.*

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### NOMINEE INFORMATION

Name of nominee: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone-Day: \_\_\_\_\_ Phone-Cell: \_\_\_\_\_ Phone-Evening: \_\_\_\_\_

Service Unit: \_\_\_\_\_ Troop # (if applicable): \_\_\_\_\_

Current position(s) held in Girl Scouting: \_\_\_\_\_

Previous position(s) held in Girl Scouting: \_\_\_\_\_

Previous awards earned by nominee: \_\_\_\_\_

Who is being impacted by the work of this volunteer?:

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How has the nominee provided exemplary service in their service unit?:

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(You may use additional paper as needed)

List the results of the nominee's actions and the impact on their girls on the service unit level:

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How is this nominee a "sister" to every Girl Scout?:

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**Please list the individuals who are submitting letters of endorsement:**  
(Please note: The individual submitting the award nomination cannot write a letter of endorsement for that nomination.)

1. Name: \_\_\_\_\_ Position \_\_\_\_\_  
 Address: \_\_\_\_\_  
Street City State Zip  
 Phone-Day: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Position \_\_\_\_\_  
 Address: \_\_\_\_\_  
Street City State Zip  
 Phone-Day: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of person submitting nomination form:** \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Recognition Review Committee:**

Approved  Yes  No \_\_\_\_\_ Comments \_\_\_\_\_  
 Review Committee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Board of Directors Review:**

Approved  Yes  No \_\_\_\_\_ Comments \_\_\_\_\_  
 Board Signature \_\_\_\_\_ Date \_\_\_\_\_